What Success Looks Like?

Large group brainstorm

- More transparency regarding financial analysis
- What factors contributed to difficulties of 3 non-profits
- Access to timely and appropriate resources and services for families
- Having more faith in the data and using it … communicating it…
- Increased "capital" of foster parents regarding working with kids
- Knowing what services are being provided in-home extend MIS systems to capture what community based services are doing
- Increased school stability, education achievement, placement with siblings
- Are youth shifted to other systems?
- Families worked with in a "non-court" manner
- Improved documentation of services to children in foster care
- Number of case managers per case
- Have an implementation plan and method to track progress
- Substance abusing parents: data, early identification
- Degree to which child welfare works with DC system
- Decrease amount of complaints to legislators
- Ability to access funds for informal services/supports
- Improved outcomes regarding EPSDT
- Children have a medical home
- More services to parents with mental health issues
- Increased permanency and well-being of children in foster care
- Collaboration between case management and law enforcement (use geo-mapping, time stamp)
- Number of kids being sent out of state
- Keeping kids with their parents while parents are in treatment
- Well written contracts
- Well qualified and supported work force
- Youth aging out will have supported and connected relationships

- Better data = more analysis of data
- Both birth and foster parents are valued team members
- Well developed, in-home system of care, including resources, data, services, well-trained staff
- Prevention services resourced with reinvestment funds
- Notification of relatives and education stability
- Data on Juvenile Justice population "pulled out" and analyzed separately
- CFSR measures improved; Pyramid numbers improved
- Committed, well-trained, workforce; lower turnover rate; case managers regarded highly
- Stability in system; over-sight of contractors/providers
- Add state priority measures to dashboard; not only CFSR data; more relevant data; count legacy type cases differently
- Increase cultural competency of staff
- Cross system influence of DV and substance abuse – well documented and understood
- Compare foster care licensing standards with other states; what is successful foster home look like?

WHAT ARE THE QUESTIONS OR KEY INDICATORS OF POSITIVE RESULTS?

Group 1

Prioritization groups:

- Partners Council
- Commission on Protection of Children
- Judges and GALs
- FCRB

Communication plan a priority – transparency

- General and stakeholder specific

Overcome History

Build on the Best

Key Indicators:

- Social worker/case manager turnover
- Number of placements
- Relationship with foster parents – pay and support
- Contact with siblings
- School stability
- Children about to be served at home
- First service is the right service
- Youth aging out successfully

Group 2
Key Indicators:
Child and Family Outcomes –

- Well-being indicators of health (including medication), education

System Outcomes –

- Reduce placements in out of home care
- Lower use of most restrictive placements
- Better define safety decision making
- Measure quality response to hotline calls; track how all NE children are doing
- Re-entry rates

System Initiatives/Changes –

- Evaluate key decision making points; conduct separate or independent reviews
- Private providers adequately supported
- Quality and reliable data; what judges say about data; link different data systems
- Definition of roles and responsibilities between state and private providers, especially new roles related to case management

- Workforce trained and supported; provide initial and continuing education and training
- Timely documentation in responding to first calls

Group 3
Key Indicators:

- Will the evaluation inform the decision on continuing the movement to the WSA, CSA, HSA. It would be a good idea to look at info that might shape the implementation in the rest of the State. For example, the effects of cost, distance, effectiveness, service array, work force issues, informal resources.

- What is the amount of local resources that are being used to support reform?

- The development of a five year plan identifying key areas/results/outcomes. Develop this with involvement of stakeholders. Also need an implementation plan with benchmarks. Data is the progress.

- Do KVC and NFC have a plan (see above)? Yes, but they want a "Nebraska Child Welfare Plan."

- Data needs to be accurate.

- Need to collect data on "process outcomes:" family team meetings, worker turnover, worker contacts, notification of parents and relatives;

- Are the contractors and the state measuring the same things in the same way (data integrity)?

- Look at data closely during transition (i.e., transition of CM to providers): number of staff, turnovers (changes for the child not just staff leaving agency). Look at safety closely during transition re: abuse neglect,

- Are children getting services in a timely manner?

- What are reasonable thresholds for performance/outcomes (e.g., +/- x%)?

- Need to agree on definitions of what is measured (example – staff turnover vs. change in worker).

- Look to the literature to drive what the outcome questions are. Can help to set priorities e.g., what will lead to permanency, safety, and well being.

- What percent of supervisors have MSWs (shown to reduce worker turnover)?

- How many foster parents have/are leaving "the system." (in comparison to homes needed).

- How many foster homes are there. Where are children placed? Develop indicators based on movement to family care.

- What is the makeup of the lead agency Board of Directors?

- What is the timeliness of payments by contractor? Track based on "clean bill" but also track billing problems.

- What is the impact on consistent/existent locally grown resources?

Group 4
Key Indicators:

- What key indicators could we use that are already being measured?

- HHS/Contractors need to have same definitions, tracking measures, language.

- Entries/exits need to be tracked, reported, weekly (every Monday by noon).

- Process measures – services (gives the "why" a larger outcome is being met)

- Track referrals of services that were denied and resulted in children re-entering.

- What are our gap services? Need to answer this question.

- What are the limitations of the data elements we want to track? Given the measures, how would we track the data?

- Timeliness of substance abuse treatment provided to parents (process indicator). Capture appropriateness of location of treatment.

- How do we draw from current champions of success to make improvements

- Do a formal evaluation of the quality of services. Recommendation: go back to agencies that left and evaluate.

- Data needs to be categorized by HHS, lead contractor, service area and populations.

- Is there any measurement of satisfaction of foster children in the system?

- Survey the Family Permanency Specialist for satisfaction.

- Monthly reporting OK on website.

- Number of children leaving the state treatment services, by type, reason for referral, by judge.

- Track Medicaid – approvals, denials, appeals and withdrawals of approval.

- Deeper dive to the difference between rural, urban, and frontier issues to better prepare new contractor – will this be done?

- How will the stakeholder groups be used in this evaluation process? Indicator: community perception survey results.

- Timelines of evaluations – start to finish; quality of services, frequency and duration match need of family; focus on parenting time – frequency and duration.

- Report monthly and on website

- Interpretation of numbers – why changes plus or minus on indicators.

- Attention to reporting integrity to ensure the reader has an accurate understanding.

Group 5
Key Indicators:

- Effective communication for parents/foster parents/all with department. Few steps to obtain case-specific assistance/communication. (Letter to parents sent; user-friendly web info). From follow-up surveys?

- Number of foster parents.

- Turnover rate among foster parents

- Number of workers saying child welfare is "first choice" for placement. Passion and training; change perception of the work area. (Connect to communication and marketing: "tell the story"

- Percent of youth achieving timely permanence – 24 month adoption (yes, meet); 12 month from reunification (not) meeting.

- Coordinate work with community agencies in this area.

- Median time/months to adoption.

- Median time/months to reunification

- Percent child welfare system wards also in JJ system. (20% national –NE in same range)

- Who are the leaders in child welfare? Kansas on privatization. Florida on flexibility.

- Percent of placements out of home

- Youth in state custody: number; time

- Caseload per worker

- Number of moves per youth while in foster care. (appropriate matching required).

- Timeliness of reimbursements to foster care/parents. Connection to number of foster parents/recruiting and retaining foster parents.

- Environmental reality: this will continue to be a problem.

- "Health" of local/community public-private partnerships. Leverage local, state, national dollars to comprehensively address issues.

- How safe in system? Need good assessments. Need good indicators.

- How promote/put in place independent assessment of services? As transition to privatization … accountability … can NE afford this?

- Stakeholder communication – think of "partnerships" keep key stakeholders informed. Tailor to needs of stakeholders. For legislators, need regular communication. Foster parents. Providers.

- Market/share info with parents. Good things/positive things. Change public perception.

- Go beyond report card/performance measures to "balanced scorecard"

- Monthly meetings to evaluate outcomes and make suggestions. Monthly update – briefing. Bi-monthly evaluation/feedback

- Regular, tailored "e-bulletin" (2-3 weeks).